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Bib Data Sheet

CONFIRMATION NO. 6749

SERIAL NUMBER 10/768,617	FILING DATE 01/30/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

none AS.

** FOREIGN APPLICATIONS *****

none AS.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/16/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AS</i>	Initials		

ADDRESS

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TITLE

Multi-function body-powered prosthetic wrist unit and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 394		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)